

**PARENTAL STUDENT RELEASE FORM**

**Regarding: The Bolton High School Band Events for the 2010-2011 school year**

Name (one form per student) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Email Address \_\_\_\_\_

Student's Social Security # \_\_\_\_\_

Medical History (mark if a problem):

\_\_\_ Diabetes \_\_\_ Epilepsy \_\_\_ Asthma

\_\_\_ Allergies (i.e., food, medicine, etc.) \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Prescription Medications \_\_\_\_\_

If needed, mark any of the over-the-counter medications the student may take:

\_\_\_ Tylenol \_\_\_ Cortaid Cream \_\_\_ Cough Syrup/Drops

\_\_\_ Ibuprofen \_\_\_ Pepto Bismol \_\_\_ Throat Lozenges

\_\_\_ Sudafed \_\_\_ Benadryl \_\_\_ Neosporin Ointment

\_\_\_ Imodium \_\_\_ Eye Drops \_\_\_ Betadine (to clean cuts)

\_\_\_ Dramamine (for motion sickness)

I, \_\_\_\_\_ (name of parent/guardian) give permission for Mr. David E. Chipman, Director of Bands, or any adult named by Mr. Chipman to act in my behalf to approve appropriate medical treatment for my son/daughter

\_\_\_\_\_ should an emergency medical treatment be necessary and will make any necessary financial reimbursements. I further state that I am of lawful age and legally competent to sign this Medical Release; that I understand that the terms herein are contractual and are not a mere recital; and that I have signed this document as my own free act. I agree to release and hold harmless Mr. Chipman or his nominee from any liability for decisions made pursuant to their authorization.

I have fully informed myself of the contents of the Medical Release by reading it and that the medical and insurance information I give below is accurate.

Name of Insurance Company \_\_\_\_\_

Account Number \_\_\_\_\_

Doctor's Name & Phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_  
(Home) (Work) (Cell)

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

Notary's signature \_\_\_\_\_ Commission expires \_\_\_\_\_